

APPLICATION FOR ADDITIONAL CLASSIFICATION - CONTRACTOR

Access this form via website at: www.hawaii.gov/dcca/pvl

| | | | | |
|---|------------------|--|------------|-----------|
| <i>READ FILING INSTRUCTIONS ON REVERSE SIDE</i> | | FOR OFFICE USE | Lic. No. | Eff Date: |
| Name of Applicant | | | CLASS(ES): | |
| Business/Residence Address (include apt. no., city, state & zip code) | | | | |
| Mailing Address (ONLY if different from above) | | | | |
| Social Security No. | Phone No. (days) | | | |
| Check only one: <input type="checkbox"/> Individual (sole owner) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture (J/V) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Responsible Managing Employee (RME) | | License No.: _____ Class(es) Held: _____ | | |
| If applicant is a corporation, partnership, J/V, LLC, LLP, provide: Name of RME: _____ Lic. No. - _____ | | Classification requesting (check): <input type="checkbox"/> "A" - General Engineering Contracting <input type="checkbox"/> "B" - General Building Contracting <input type="checkbox"/> "C" - Specialty Contracting. Indicate symbol(s): _____ _____ _____ | | |
| If applicant is a Responsible Managing Employee (RME), provide: Name of employing firm: _____ Lic. No. - _____ | | Applicants for the C-19 ASBESTOS classification are required to submit approved proof of training. Refer to the information/instructions on the reverse side. | | |

| | | | | | |
|----------------------------|--|--|--------------------------------------|-------------------------|-----------|
| RME APPLICANTS ONLY | Employer (if self-employed, so state) | | Description of Work in Detail | Dates (Month/Yr) | |
| | | | | From | To |
| | Name | | | | |
| | Address | | | | |
| | Name | | | | |
| | Address | | | | |
| | Name | | | | |
| | Address | | | | |
| | List Names of five (5) major projects you have supervised in classification being requested. Attach additional sheets, if necessary. | | | | |
| | 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ Outline scope of work performed by you as a supervisor: | | | | |

I hereby certify that the statements contained in this application are true and correct to the best of my knowledge.

Applicant's Signature

This material can be made available for individuals with special needs.
Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Title

Date

ADDITIONAL CLASS – CONTRACTOR

EXPERIENCE REQUIRED

Submit not less than 3 "**Certificates of Experience**" (CT-03) in support of supervisory experience with application. (*No two certificates shall be from the same person.*) All certificates must be notarized. (NOT applicable to an ENTITY applicant).

A minimum of 4 years of full-time supervisory experience within the past 10 years immediately preceding the filing of an application is required.

Applicants who possess licensed experience in another state should provide proof of licensure, but will **still be required to submit** not less than 3 certificates in support of supervisory experience.

Certain technical training or business administration training may be approved as acceptable experience, but in no case shall the training count for more than one year of experience.

Contact the Board's Office at (808) 586-3000 for additional forms or you may download form from our website at: www.hawaii.gov/dcca/pvl.

Applicants for C-19 ASBESTOS classification: **Submit** proof of completion of EPA approved contractor supervisor course taken within the last 2 years.

FEE

ATTACH fee of \$50.00. Make check payable to *Commerce & Consumer Affairs*.

Note: *One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

FINANCIAL STATEMENT

If applying from a specialty classification to an "A" (General Engineering) classification or a "B" (General Building) classification, **ATTACH** a "*current*" financial statement (NOT more than a year old) prepared and signed by a registered or certified public accountant holding a current permit to practice. If the accountant is licensed in another state, provide a copy of a current license. (NOT applicable to a RME applicant).

FILING DEADLINE

Applications must be in our Honolulu office on or before the 20th day of the month. ALL required documents must be attached to this application at the time of filing. Incomplete/irregular applications will not be accepted.

BOARD'S ADDRESS

Mail to: *Contractors License Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801* **or** Deliver to office location at:
*335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000*

EXAMINATION

The contractors licensing examinations are given by a professional testing service, Exporior Assessments, LLC.

Applicants, upon approval by the board, will be provided with examination registration forms. Applicants must mail the registration forms, together with the appropriate examination fees, directly to Exporior Assessments, LLC.

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THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

DESCRIBE IN DETAIL THE TYPE OF SUPERVISORY WORK PERFORMED BY THE APPLICANT:

Business Phone No. () _____

COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail four full years of supervisory experience within the past 10 years, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

The applicant is requesting that you complete this form to certify as to your DIRECT KNOWLEDGE of the applicant's experience. As a qualified and responsible person you must certify that the applicant demonstrated a level of knowledge and skill expected of a journeyman or better in the classification for which the application is being made.

JOURNEYMAN is an experienced worker in the trade who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision.

FOREMAN/SUPERVISOR is a person who has the knowledge and skill of a journeyman and also directly supervises the physical construction.

CONTRACTOR is one or more of the following:

- 1) a currently licensed Hawaii contractor
- 2) a formerly licensed Hawaii contractor
- 3) a person listed under "*Personnel of Record*" on the license application of a currently licensed Hawaii contractor
- 4) an out-of-state contractor who held a license in that state

A Contractor is a person who has the skills necessary to manage the daily activities of a construction business, including field supervision.

Your cooperation is earnestly solicited so that the Contractors License Board can determine whether this applicant has the experience necessary to become a capable and qualified contractor.

IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate you complete.

DO NOT SEND THIS FORM TO THE CONTRACTORS LICENSE BOARD. INSTEAD, RETURN IT TO THE APPLICANT SO THE APPLICANT MAY ATTACH IT TO THE APPLICATION.

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EXPERIENCE CERTIFICATE - CONTRACTOR'S LICENSEAccess this form via website at: www.hawaii.gov/dcca/pvl**IMPORTANT! READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING THIS CERTIFICATE.**

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

| | |
|-------------------|--|
| Name of Applicant | Classification requesting (check) <input type="checkbox"/> A - General Engineering <input type="checkbox"/> B - General Building <input type="checkbox"/> C - _____ - ____ <input type="checkbox"/> C - _____ - ____ |
|-------------------|--|

THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

| | | | | |
|--|--|-------|-----|--|
| Indicate your BUSINESS RELATIONSHIP to the applicant: <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> RME Lic. # _____ Classifications held: _____ <input type="checkbox"/> FELLOW EMPLOYEE <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> OTHER (specify): _____ _____ | Employment Dates (mo/yr): <table border="1"><tr><td>From:</td><td>To:</td></tr></table> Length of service: Yrs. _____ mos. _____ Dates applicant has supervised: From: _____ To: _____ TOTAL TIME: _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME - _____ Hours per week, if part-time _____ | From: | To: | Indicate LEVEL applicant worked at: <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> FOREMAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Specify) _____ _____ (Refer to the board's definitions of each of the above levels on the reverse side.) Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? (Circle or underline your answer.) YES NO |
| | From: | To: | | |

DESCRIBE IN DETAIL THE TYPE OF SUPERVISORY WORK PERFORMED BY THE APPLICANT:

Section 444-30, HRS, of the contractors license law provides that: Any person or his agent who files with the Contractors License Board any notice, statement, or other document required under the provisions of the contractors license law, which is false or untrue or contains any material misstatement of fact is guilty of a misdemeanor.

Certification of Person Completing this Form:

I, _____ hereby certify that I have personally known the person named
(Print name of certifier)

as applicant above; that I have direct knowledge of the applicant's supervisory experience which I have listed above; and, all other statements and answers given here are true and correct.

Date _____

Signature of the Certifier _____

Subscribed and sworn to before me

Print Your Name _____

This _____ day of _____ 20 _____

Address of
Certifier _____

Contractors License No. _____

Notary Public, State of _____

Licensed Classifications _____

My commission expires: _____

Home Phone No. (_____) _____

Business Phone No. (_____) _____

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CONTRACTORS FINANCIAL STATEMENT

(Prescribed Form)

Financial Statement as of _____, 20____ (not more than one year old) is for:

Name of Applicant (owner, corporation, etc.): _____

Trade Name, if any (dba): _____

Address: _____

ASSETS:

CURRENT ASSETS:

Cash (include checking
account) \$ _____
Savings account _____
Time certificates
(within 1 year) _____
Deposit with bids _____
TOTAL CASH \$ _____
Accounts receivable (completed
contracts) _____
Earned estimated and retainage
(uncompleted contracts) _____
Other accounts receivable _____
Work in progress (unbilled) _____
Notes receivable _____
Stocks and bonds _____
Life insurance (cash value) _____
Other current assets _____
TOTAL CURRENT ASSETS \$ _____

OTHER ASSETS:

Material in stock (not included
in any items above) \$ _____
Inventory or other materials _____
Other assets _____
TOTAL OTHER ASSETS \$ _____

FIXED ASSETS:

Equipment at net book value \$ _____
Real estate _____
Furniture and fixtures at net
book value _____
Tools _____
Other fixed assets _____
TOTAL FIXED ASSETS \$ _____

TOTAL ASSETS \$ _____

LIABILITIES:

CURRENT LIABILITIES:

Notes payable (due within one year):
To banks regular \$ _____
To material men _____
To other (exclusive of
Equipment) _____
TOTAL NOTES PAYABLE \$ _____
Account payable:
Subcontractors \$ _____
Material men _____
Others _____
TOTAL ACCOUNTS PAYABLE \$ _____
Current maturities (long-term debt) \$ _____
Accrued payrolls _____
Federal and state income tax _____
Payroll taxes (including F.I.C.A.
S.U.I. and income taxes withheld) _____
Other accrued taxes, interest, etc. _____
Encumbrances on equipment (due
within 1 year) _____
OTHER CURRENT LIABILITIES (specify):

TOTAL CURRENT LIABILITIES \$ _____

LONG-TERM LIABILITIES:

Long-term debt (less portion
due within one year) \$ _____
Encumbrances on equipment
(due after 1 year) _____
Encumbrances on real estate _____
Billings in excess of cost on
uncompleted contracts _____
Other long-term liabilities (specify):

TOTAL LONG-TERM LIABILITIES \$ _____
TOTAL LIABILITIES \$ _____

NET WORTH:

Capital stock (if corporation, show
shares authorized, issued-par value) \$ _____
Surplus _____
TOTAL NET WORTH \$ _____
TOTAL LIABILITIES AND NET WORTH \$ _____

This statement must be signed, whether accountant uses this form or his own.

I hereby certify as owner, officer, partner, manager, member or R.M.E. that the statements contained on this statement are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Sec. 710-1017, Hawaii Revised Statutes).

SIGNATURE OF APPLICANT: _____

TITLE (owner, president, etc.): _____

In the opinion of the undersigned, the above statement fairly presents, on the date indicated, the financial condition of the applicant. The undersigned has no interest in the above enterprise.

SIGNATURE OF
C.P.A. or P.A.: _____

LICENSE NUMBER _____

PRINT NAME: _____

STATE _____

SHALL BE PREPARED AND SIGNED BY A REGISTERED PUBLIC ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT HOLDING A CURRENT PERMIT TO PRACTICE. (IF LICENSED IN ANOTHER STATE, PROVIDE COPY OF A CURRENT LICENSE)